



OFFICE OF THE ATTORNEY GENERAL

APPLICATION FOR EMPLOYMENT

1275 W. Washington, Phoenix, AZ 85007-2926

(602) 542-8052 or 8550 Fax (602) 542-8000 (602) 542-5002 (Hearing Impaired)

Completion of this form **does not** constitute an offer of employment. The information requested here is required to facilitate considering you for job openings for which you may qualify, when and if any become available. Please print clearly or type the requested information using black ink (do not use pencil). **Along with the application, attach an original or high-quality photocopy of your resume.**

The Arizona Attorney General's Office is a committed Equal Opportunity Employer. All appointments are based on qualifications without regard to race, color, religion, sex, age, national origin, disability, sexual orientation, veteran status or on the basis of any other legally protected status. The Office complies with The Americans with Disabilities Act of 1990. If you need accommodations in the employment process, please contact our Office prior to the closing date of the job in which you are interested.

Last Name _____ First Name _____ MI _____

Address _____ Apt. # _____ City _____ State _____ Zip Code _____

How may we contact you? (Indicate all that apply)

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Pager (____) _____ Message Phone (____) _____ E-mail _____

Please list any other names you have been known by:

Position applying for (one per application):

What is the lowest salary you are willing to accept? \$ _____ per year OR \$ _____ per hour

Are you a U.S. citizen? Yes No

If not, are you eligible to be employed under a Visa or Entry Permit? Yes No

Please list all languages you speak fluently

Referral Source: Newspaper Internet Employee Job/Career Fair School Walk In Other _____

Have you ever been convicted of a felony? Yes No Of a misdemeanor? Yes No

If YES, explain below the details of the offense. All applicants under serious consideration for hire are required to be fingerprinted by the Attorney General's Office and complete a criminal background check through State and Federal agencies. A job offer can not be tendered by Attorney General staff until the applicant has successfully passed the initial background check. Your record does not automatically constitute a bar to employment; factors such as, but not limited to, age at time of offense and recency of offense as well as the relationship between the job for which you apply will be taken into account.

Date of offense _____ Location _____

Description of offense

Are you a current Arizona State employee with permanent status applying for a lateral transfer? Yes No
 Are you a former Arizona State Service employee (within two years) with permanent status applying for reinstatement?
 Yes No **OR** re-employment Yes No List former/current AZ State employment information:
 Class title: _____ Agency: _____ Grade: _____

Indicate types of appointment/locations you will accept:			
<input type="checkbox"/> Permanent	<input type="checkbox"/> Full-time	<input type="checkbox"/> Phoenix	<input type="checkbox"/> Flagstaff
<input type="checkbox"/> Temporary	<input type="checkbox"/> Part-time	<input type="checkbox"/> Tucson	<input type="checkbox"/> Sierra Vista
<input type="checkbox"/> Limited (6 to 36 months)	<input type="checkbox"/> Weekends, holidays or irregular hours	<input type="checkbox"/> Kingman	<input type="checkbox"/> Other cities (list)

Word Processing words per minute: _____ 10-Key by Touch Yes No Software Knowledge: (list programs)

Colleges, Universities, Trade or Business Schools	Major Area of Study	Dates Attended Mo/Yr to Mo/Yr	Degree/Diploma/ Certificate Received	Date Received
		/ - /		/
		/ - /		/
		/ - /		/
		/ - /		/

FORMER EMPLOYERS - List your last seven employers, most recent first. Account for all time -- employed and unemployed. Please include month and year of employment. Be sure your resume provides a detailed list of your duties for each position.

Dates Worked:	From: ____/____/____	To: ____/____/____	No. Of Hours Worked Per Week:
Company Name:		Phone Number: ()	
Address:		City:	State: ZIP:
Name and Title of Supervisor		Reason For Leaving:	
Salary: \$	Position Title:		
May we contact present employer? Yes No			

Dates Worked:	From: ____/____/____	To: ____/____/____	No. Of Hours Worked Per Week:
Company Name:		Phone Number ()	
Address:		City:	State: ZIP:
Name and Title of Supervisor:		Reason For Leaving:	
Salary: \$	Position Title:		

Dates Worked:	From: <u> </u> / <u> </u> / <u> </u>	To: <u> </u> / <u> </u> / <u> </u>	No. Of Hours Worked Per Week:
Company Name:		Phone Number: ()	
Address:		City:	State: ZIP:
Name and Title of Supervisor:		Reason For Leaving:	
Salary: \$	Position Title		

Dates Worked:	From: <u> </u> / <u> </u> / <u> </u>	To: <u> </u> / <u> </u> / <u> </u>	No. Of Hours Worked Per Week:
Company Name:		Phone Number: ()	
Address:		City:	State: ZIP:
Name and Title of Supervisor:		Reason For Leaving:	
Salary: \$	Position Title:		

Dates Worked:	From: <u> </u> / <u> </u> / <u> </u>	To: <u> </u> / <u> </u> / <u> </u>	No. Of Hours Worked Per Week:
Company Name:		Phone Number: ()	
Address:		City:	State: ZIP:
Name and Title of Supervisor:		Reason For Leaving:	
Salary: \$	Position Title:		

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Company Name:		Phone Number: ()	
Address:		City:	State: ZIP:
Name and Title of Supervisor:		Reason For Leaving:	
Salary: \$	Position Title:		

REFERENCES

Please provide non-relative references:

Name:	Phone:
Address:	
In what context and by what name does this person know you?	How Long?

Name:	Phone:
Address:	
In what context and by what name does this person know you?	How Long?

Name:	Phone:
Address:	
In what context and by what name does this person know you?	How Long?

COMMENTS/ADDITIONAL INFORMATION:

STATEMENT OF CERTIFICATION

By signing this Application for Employment, I certify under penalty of law that the information provided anywhere on this form and on my enclosed resume is true, correct and complete to the best of my knowledge and belief. I also acknowledge that should an investigation at any time disclose any misrepresentation or falsification, my application and resume may be rejected, my name may be removed from further consideration, and I may be disqualified from further examination and/or terminated from employment. The Attorney General's Office has my permission to make all necessary and appropriate investigations allowable by law to verify all information on this application and my attached resume. I understand this application is not a contract of employment.

Signature _____ Date _____

For Attorney General Human Resources Use Only

Does applicant meet minimum qualifications	Yes	No	Analyst's Initials _____	Date _____
Comments:				

OFFICE OF THE ATTORNEY GENERAL-HUMAN RESOURCES SECTION
LEGAL SECRETARY I & II APPLICATION SUPPLEMENT (SF 127)

INSTRUCTIONS: Next to each numbered statement of this page, **list the letter** of the highest skill level achieved on each of your Legal Secretary jobs. If you wish to list more than four jobs, use a second supplemental form.

Part I

- A. I have not performed this function as part of this job.**
B. I have performed this function occasionally in this job.
C. I have performed this function often, under supervision, as a regular part of this job.
D. I have performed this function often, on my own with little supervision, as a regular part of this job.

Employer: _____	Employer: _____	Employer: _____	Employer: _____
Position: _____	Position: _____	Position: _____	Position: _____
From: _____	From: _____	From: _____	From: _____
To: _____	To: _____	To: _____	To: _____

- | | | | | |
|---|-------|-------|-------|-------|
| 1. Complete legal notices and forms from marginal notes, oral or written directions. | _____ | _____ | _____ | _____ |
| 2. Responsible for calendaring legal deadlines/timeframes | _____ | _____ | _____ | _____ |
| 3. Set-up and/or arrange meetings. | _____ | _____ | _____ | _____ |
| 4. Screen incoming mail, assign priorities, and attach appropriate background material for reference. | _____ | _____ | _____ | _____ |
| 5. Independently compose general correspondence. | _____ | _____ | _____ | _____ |
| 6. Perform a considerable amount of administrative office detail. | _____ | _____ | _____ | _____ |
| 7. Answer inquiries concerning legal actions, procedures and/or progress. | _____ | _____ | _____ | _____ |

(OVER)

PART II

Indicate your level of proficiency in preparing each of the following, using A, B, or C in the chart below.

I have **prepared** these:

A. Under direct supervision

____ Agreements

____ Petitions

B. Following general, oral or written directions

____ Subpoenas

____ Briefs

C. Independently without instructions or direction

____ Legal notices

____ Legal opinions

D. I have not prepared this

____ Depositions

____ Pleadings

____ Interrogatories

____ Motions

____ Memoranda

Part III

If you have taken and passed the "Professional Legal Secretary Examination," give date and location of the test.

Date _____ Location _____

The importance of completing the information requested in this supplement is stressed. Information submitted within this supplemental form must be thoroughly and carefully completed as this information is necessary in the evaluation process. Failure to provide complete information concerning your experience as requested may affect your evaluation. Please answer all questions. Questions not answered will be considered to indicate you have not performed that particular function.

APPLICANTS WILL NOT BE PERMITTED TO CHANGE OR ADD TO THIS FORM AFTER IT HAS BEEN SUBMITTED. ALL INFORMATION IS SUBJECT TO VERIFICATION. FALSE CLAIMS RELATIVE TO THE SUPPLEMENTAL INFORMATION REQUESTED MAY RESULT IN AN INELIGIBLE RATING OR REMOVAL FROM THE LIST OF ELIGIBLES.

Please submit completed forms to the Arizona Attorney General's Office, Human Resources Section, 1275 W. Washington, Phoenix, AZ 85007. If you have any questions or comments, please call (602) 542-8052.

(Signature)

(Date)

(Printed or typed name)